

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 9, 2003

RE: MDR Tracking #: M2-03-1150-01-ss

IRO Certificate #: 460-29-2141

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

Claimant reportedly sustained a compensable injury to the lower back on ___. Claimant now complains of low back pain and predominantly right-sided leg pain and numbness. Discogram report of Dec. 23, 2002, indicates posterior disc protrusion at L4-5 and concordant pain at that level. An MRI report of 11/20/02 indicates degenerative disc disease at L4-5 and L5-S1 with no canal stenosis or neural foraminal narrowing. There is no documentation of electromyogram nerve conduction studies. There is no recent documentation of epidural cortisone injections. Current diagnosis is lumbalgia and herniated nucleus pulposus L4.

Requested Service(s)

L4-S1 lumbar fusion.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

The diagnosis of disc herniation at L4 has been made and claimant reportedly has radiating pain and numbness, predominantly into right leg. There is no EMG/NCV study objectively documenting level of nerve root involvement. There is no documentation of discography at L5-S1 with concordant pain response.

There is no clearly documented rationale to explain why, if discogram does not produce concordant pain at the L5-S1 level and EMG/NCV studies confirm L4 nerve root involvement, a simple discectomy at this level would not be a reasonable alternative form of treatment should the claimant not respond to exhaustion of conservative measures of treatment to include a trial of epidural cortisone injections.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.